CAREER ENRICHMENT CENTER
WITHDRAWAL/CHANGE FROM CLASS
This form needs to be filled and signed by counselors and parents

Student Name:____________________________________ Date: ____________

ID # ____________________ Home High School:_________________________ Grade: _____

DROP THE FOLLOWING:

Class ___________________________ Semester ____ Session ____

Class ___________________________ Semester ____ Session ____

Reason for drop: ___Conflict  ___Changed Mind  ___Parent Request  ___Other  ___IEP

Comments:________________________________________________________________________

________________________________________________________________________

(*Students dropping the class after 6 weeks will receive a WF)

RETURN FILLED AND SIGNED FORM TO:
Amanda Cortez
CEC REGISTRAR
amanda.cortez@aps.edu
e-mail preferred or
fax # (505) 848-9421

Counselor of Home High School (Full Name)

___________________________________

Counselor Contact Information

___________________________________

CEC Instructor

*After 6 weeks of class, I understand that my son/daughter will receive a W/F (withdrawn failure) grade, which will appear on the transcript as a semester grade and will be a permanent part of the cumulative grade point average. I also understand that the W/F grade is computed as an F and is included in the determination of academic eligibility for athletics and/or activities. Furthermore, this may result in an open period in my student’s schedule if another class is not able to be scheduled.

__________________________
Parent or Guardian*  Date